

auto-intoxication by the products of the hypertrophied thyroid; the disease may, however, begin as a neurosis.

Kocher, of Berne, reported the results of one thousand thyroidectomies, a review of which was given in our editorial of last week.

Schuchardt, of Stetten, showed a patient, a young girl, on whom he had operated for suppurative peritonitis due to perforation of a round ulcer of the stomach. He did not excise the ulcer, but simply closed the perforation by buried sutures. Heusner, of Barmen, who was the first to save a patient by this operation (sixteen hours after the perforation and when the peritonitis was well advanced), stated at the meeting that he had lately had three unsuccessful operations.

Körte, of Berlin, reported the results of nine extirpations of tumors of the cecum. Four of these were carcinomatous, four tuberculous, and one was a case of actinomycosis. All these patients survived the operation, though the patient affected with actinomycosis died shortly after owing to the progress of the disease. After making these resections, Körte always practises the lateral implantation of the ileum in the colon, the end of which is invaginated and sutured.

Kölliker, of Leipzig, communicated an interesting case of rupture of the left kidney with hematuria, due to a fall. On the fourth day, the symptoms being alarming, he made a vertical incision in the left lumbar region; "the upper pole of the kidney was in great part detached from the rest of the organ by a laceration extending to the hilum." He put in a drainage-tube and plugged the wound. "The temperature became normal that day, the anuria disappeared, and the patient was well at the end of six weeks."

Mikulicz, of Breslau, made an interesting report on the "Surgery of the Stomach." He had performed 103 operations on the stomach; 23 were fatal. The most frequent causes of death were collapse and pneumonia. A preliminary exploratory incision in the middle line, above the umbilicus, should always be made for diagnostic purposes. It is then easy to tell if the case is suitable for operation. If the patient is very feeble, he should have the evening before the operation "a large subcutaneous injection of artificial serum." It is in gastrotomies, gastro-enterostomies, and resections for carcinomatous growths and their results that these operations have been attended with the greatest mortality; but even if a survival of only a few months can be hoped for, the operation should be performed.

Rydygier, of Hamburg, spoke of the treatment of intestinal invagination. The mortality of operations for the relief of this accident is still very high, because the operation is almost invariably done too late, the surgeon being called in only at the last extremity. In the acute forms, an early operation is just as imperatively demanded as in strangulated hernia. In all recent cases where the invaginated cylinder presents no signs of gangrene, it is to disinvagination that one should have recourse. Out of 24 cases which he has thus treated, eight have been saved. In all the other cases, where disinvagination is impossible or contraindicated, resection is the only procedure offering any chances of success. Of twelve patients thus operated on, three have survived. He advises König's operation which consists in resecting the invaginated cylinder after incision of the invaginating cylinder; however, the procedure in question is not applicable to

cases of gangrene extending to this latter portion of intestine.

In the chronic forms of invagination, operative intervention is not so imperative as in the acute forms. Nevertheless it is important to interfere before a new aggravation of the symptoms renders the operation more difficult and more dangerous. The patient, as long as the invagination persists, is menaced with peritonitis by perforation. Disinvagination may be attempted with success several months after the onset, if there are no serious adhesions. If disinvagination is impossible, it is to resection that the surgeon should have recourse, and not to entero-anastomosis.

Alsberg, of Hamburg, stated that in three cases of acute invagination he had succeeded in obtaining disinvagination by laparotomy. In one of these cases, the operation was not performed till the sixteenth day. All three patients got well.

## Correspondence.

### A LONG PERIOD OF FECUNDITY.

PLATTSBURGH, N. Y., May 23, 1895.

MR. EDITOR:—Last evening I attended a woman in her thirteenth confinement. The child weighed four pounds when dressed. The mother is forty-six years old. Her oldest child is a little more than twenty-eight years of age. This makes a continuous period of actual child-bearing of about twenty-nine years, the mother having been married at the age of seventeen. The point of interest in this case is the long time of *actual* fecundity. Both father and mother seem to think this time may yet be extended.

D. S. KELLOGG, M.D.

### NEW SURGICAL SPLINTING.

SOUTH BOSTON, May 24, 1895.

MR. EDITOR:—Kindly permit me to correct an error which your correspondent apparently makes in his otherwise admirable report of the American Medical Association meeting in Baltimore. I refer to his report of my paper read there. He writes: "The edges of the splint must be covered with chamois skin." As a matter of fact, none of the splints shown there by me were so treated except one—my splint for hip-joint fixation; all the others, comprising splints moulded directly upon the patients, and employed to produce efficient fixation of the ankle, wrist, knee, elbow, shoulder, finger and toe joints, having no chamois skin, because in such splinting it is unnecessary.

I write this letter because I earnestly desire as accurate notions of my work in surgical splinting to prevail in Boston as elsewhere.

A matter of less importance is that the title of my Baltimore paper should have read, "The New Surgical Splinting: Report of Cases Exemplifying It."

Truly yours,

EDWARD A. TRACY, M.D.

### ANOTHER CASE OF "FRACTURE OF THE HUMERUS FROM AN UNUSUAL CAUSE."

PHILADELPHIA, May 25, 1895.

MR. EDITOR:—I note in your issue of March 21st, a case reported of fracture of the humerus from an unusual cause. Just such an one occurred to a friend of mine, himself a physician of very large reputation now and flourishing mightily, whose name I might quote, as he gave me